

**Assisted Living Advisory Workgroup Meeting
Tuesday, August 12, 2003
Office of Health Care Quality
Spring Grove Hospital Center
55 Wade Avenue
Catonsville, Maryland**

Meeting Agenda

T E N A T I V E A G E N D A

Sub-Workgroup Meeting – Class “A” Provider 9:00 AM to 10:00 AM

Topics of discussion will include a review of consensus statements.

Full Advisory Workgroup Meeting 10:00 AM to 11:00 AM

- I. Call to Order
- II. Review of Agenda
- III. Review of Meeting Notes from the July 22, 2003, Meeting
- IV. Quick Review of Consensus Statements
- V. Presentation by Lynne Condon, Assessment Tool Sub-Workgroup
- VI. Discussion: Medication Administration
- VII. Next Steps
- VIII. Adjourn

Sub-Workgroup Meeting 11:00 AM to 12:00 Noon

Topics of discussion will include a review of consensus statements and basic health safety requirements for adult care homes.

Meeting Notes

In Attendance

- Carol Benner, Chair
- Bonnie Gatton
- Laura Howell
- Marie Ikrath
- Sharon Olhaver
- Jeff Pepper
- Ilene Rosenthal
- Jill Spector

Advisory Workgroup Members Absent

- Lissa Abrams
- Dorinda Adams
- Valerie Colmore
- Susan Quast
- Jim Rowe
- JoAnn Stough

Stakeholders Present

- Denise Adams, Maryland Department of Aging
- Jackie Adams, Baltimore City Department of Social Services
- Meribeth Bersani, Sunrise Senior Living
- Kim Burton, Mental Health Association of Maryland
- Marie Butler-Campbell, Quail Run
- Carol Carnett, Legal Aid Bureau
- Linda Cole, Maryland Health Care Commission
- Beverly Dolby, Upper Shore Aging
- Sister Irene Dunn, Victory Housing
- Darlene Fabrizio, Somerford Corporation
- Izzy Firth, Mid-Atlantic Life Span
- Bonnie Hampton, Charles County
- Mayer Handelman, ASCP and Ocean Pines
- Robin Kelly, Sunrise Senior Living
- B. Jones, Maryland Department of Health and Mental Hygiene
- Wendy Kronmiller, Office of the Attorney General
- Shelia Mackertich, Health Facilities Association of Maryland
- Wesley Malin, Hillhaven
- Tom Maxwell, Anne Arundel County
- Bob Molder, Anne Arundel County

- Barbara Newman, Maryland Board of Nursing
- Catherine Putz, Maryland Board of Pharmacy
- Kathy Sarnecki, Maryland Department of Human Resources
- Keith Tobias, Office of Governmental Affairs
- Janice Torres, Baltimore City

Staff Present

- Lynne Condon, Education and Training Supervisor
- Yvette Dixon, Special Assistant
- William Dorrill, Deputy Director State Programs
- Kimberly Mayer, Policy Analyst
- Valerie Richardson, Assisted Living Program

Introductions

Carol Benner, Director of the Office of Health Care Quality at the Department of Health and Mental Hygiene, called the meeting to order at approximately 9:00 AM. Ms. Benner thanked those present for their interest in Maryland's assisted living program and asked that all Advisory Workgroup members and stakeholders introduce themselves and note what organization they represent.

Ms. Benner relayed that there are many misconceptions and rumors circulating in the assisted living community about the activities of the Assisted Living Advisory Workgroup. She reminded the members of the workgroup and those stakeholders present that the Assisted Living Advisory Workgroup is not required by law. The Department put the workgroup together to assist it in its review of Maryland's assisted living program. This is an open and inclusive process. She encouraged members and stakeholders to access the Advisory Workgroup's web site for correct information.

It is important to note that there have been no conclusions drawn from the activities of the Advisory Workgroup nor are any there state plans or recommendations that have been developed to revise the assisted living regulations. Consensus statements are still in the process of being developed and are a reflection of the consensus of the majority present, Advisory Workgroup members and stakeholders alike, at the meetings. Moreover, these statements are reviewed at each meeting to enhance the consensus building process.

Attention was called to the fact that the consensus statements that have been developed thus far are no where as stringent as those recommended in the National Assisted Living Workgroup report. That report, which was requested by the U.S. Senate Special Committee on Aging, was intended to be used by policymakers at the federal and state levels guide their policy making for assisted living.

Izzy Firth, President of Mid-Atlantic Life Span, stated for the record that the Association can not endorse or take part in consensus building process as the Association is still developing its position on these issues.

Class “A” Provider Sub-Workgroup

The Class “A” Provider Sub-Workgroup meeting was called to order at approximately 9:00 AM.

Consensus Statement: Maryland needs to strengthen the regulatory structure for “large” providers by increasing oversight and accountability.

It was the consensus of the sub-workgroup that the term “large” should be replaced with the term Class “A” provider. A Class “A” Provider would be defined as an assisted living program that operates an assisted living facility with a total number of beds equal to or greater than 17 beds.

The program requirements for Class “A” providers would include full licensure, annual inspection surveys, and complaint investigations.

Consensus Statement: Maryland should require awake overnight staff in programs operated by Class “A” Providers.

A research program coordinator with the Division of Geriatric and Neuropsychiatry at the Johns Hopkins University presented unpublished findings from a cross-sectional study of randomly selected small and large assisted living programs in Maryland. The rationale for the study was that there is little known about the clinical characteristics of residents in assisted living facilities. The results of the study were startling; approximately 50 percent of those diagnosed with dementia did not receive necessary care.

Consensus Statement: Maryland does not need to strengthen or increase documentation and service plan requirements for Class “A” Providers.

It was the consensus of the sub-workgroup that the current regulations provide sufficient guidance to providers and protection for residents.

Consensus Statement: Maryland should require that there be some type of stable, consistent, on-site licensed nursing oversight that is different from the role of the delegating nurse.

It was the consensus of the sub-workgroup that the on-site licensed nurse would work in a team relationship with the delegating nurse. It was also the consensus of the sub-workgroup that the following staffing requirements should be required for Class “A” Providers:

- 17 to 25 Beds – An on-site licensed nurse is required for at least 20-hours a week and should be available on an on-call basis;
- 26 to 49 Beds – An on-site licensed nurse is required for at least 40-hours a week and should be available on an on-call basis; and

- 50 to 100+ Beds – An on-site licensed nurse is required seven days a week, for at least eight hours a day and should be available on an on-call basis.

Consensus Statement: Maryland needs to require that Assisted Living Program Managers of Class “A” Providers be certified by an appropriately represented licensing board.

It was the consensus of the sub-workgroup that a regulatory board, with appropriate representation, be given the statutory authority to develop, control and enforce examination, education, and practice standards for assisted living program managers. The regulatory board would certify, monitor and discipline assisted living program managers and have the ability to remove certification from those program managers whom it determines are bad actors. The regulatory board would also develop curriculum requirements and approve organizations to provide assisted living program manager training. The sub-workgroup also recommended that the minimum requirements for assisted living program managers include possession of a high school diploma and being at least 21 years of age.

Consensus Statement: Maryland needs to require those programs, which hold themselves out as having Special Care Units, notify and submit for approval to the Department of Health and Mental Hygiene a plan that includes, at a minimum the following information: description and scope of services provided; how the services will be provided; security considerations; training requirements; activities/recreation; safety precautions; staffing; and, medication administration.

Consensus Statement: Maryland needs to create a separate licensure category for multiple (chain) assisted living programs and programs that operate multiple sites on one campus.

The sub-workgroup discussed the issue of multi (chain) assisted living programs and those programs that have multiple sites on one campus. The consensus of the sub-workgroup was that a Class “B” Provider license be established to capture these entities. However, the issue of how to effectively manage this licensure category is problematic.

An idea that was raised for consideration was modifying the model currently used for programs for the developmental disabled by licensing these multiple programs through the agency concept. There needs to be an advantage to converting the current single operator based license to the agency concept license. Possible advantages discussed may include: economies of scale for staffing, requirements pertaining to program managers, etc. The sub-workgroup will discuss these concepts in more detail at its next meeting.

Full Advisory Workgroup Meeting

The meeting of the full Assisted Living Advisory Workgroup was called to order at approximately 10:00 AM and the meeting agenda was reviewed.

Lynne Condon, Education and Training Supervisor at the Office of Health Care Quality, provided a presentation on the activities of the Assessment Tool Sub-Workgroup. Ms. Condon reported that the sub-workgroup is comprised of members who are large, small and mid size providers, medical persons such as a physician and delegating nurse, representatives from the state and mental hygiene. The members include Crystal Green, Valerie Richardson, Dr. A. Baker, Barbara Newman, Darlene Fabrizio, Wesley Malin, Johnnie Love, Paula Carder, Marie Ickrath, and Karin Lakin.

The sub-workgroup has met three times to discuss issues relating to the scoring for the level two residents and to review the assessment tool for areas that may require revision and/or clarification to enhance the tool's accuracy.

The problems with the present scoring range being too broad may be attributed to the following reasons: the wide range allows for heavy care residents to be scored as level two; majority of level two residents start scoring at around 35 points or above. The current scoring range does not adequately capture: (i) the behaviors that would require greater need for attention by the assisted living program manager and/or staff to manage (e.g. combativeness, biting, kicking, starting fires, disrobing or defecating in public, etc.); (ii) the increased physical dependencies that when linked with a behavior presents care/staffing issues (e.g. any of the above with medical complexity such as bed sores, renal dialysis, seizures, oxygen, post surgical wounds).

It was the consensus of the sub-workgroup, upon review and discussion with unanimous vote, that the scoring of the level two resident should be changed to 26-50 points.

Consensus Statement: The assessment scoring for level two residents should be changed to 26 to 50 points.

The sub-workgroup still have the remaining issues to discuss: language revision in the assisted living manager portion of the assessment tool; necessary changes to the scoring guide; possible scoring for impact on level 3+ ; when are the 3+ residents candidates for nursing home placement; what the scoring will be for the 3+ resident if scoring is to drive placement; and, arrangements for testing of the revised assessment and scoring tool for reliability.

Discussion – Medication Administration: The full workgroup discussed the issue of medication administration and the findings of the University of Maryland study that was presented at the last Advisory Workgroup meeting. The workgroup came to consensus that there exists a problem with medication administration in assisted living facilities in Maryland.

Consensus Statement: There exists medication administration problems in Maryland assisted living facilities.

The following problems with medication administration were noted: safety, training, quality control, packaging, storage, choice, reimbursement, lack of knowledge, samples,

cost, administration, communication, lack of system, etc. The workgroup will discuss these and other issues related medication administration in more detail at its next meeting.

Advisory Workgroup and Sub-Workgroup Meeting Schedule

- ✚ Assessment Tool Sub-Workgroup – please contact Lynne Condon at 410-402-8102 for the meeting schedule.
- ✚ Class “A” (Large) Provider Sub-Workgroup will meet on Wednesday, August 27, 2003, at 9:00 AM in Lobby-Level Conference Room L3 at the Department of Health and Mental Hygiene located in the State Office Complex at 201 West Preston Street in Baltimore City. The sub-workgroup will discuss licensure standards for multi (chain) assisted living programs and those programs that have multiple sites on one campus.
- ✚ Assisted Living Advisory Workgroup will meet on Wednesday, August 27, 2003, at 10:00 AM in Lobby-Level Room L3 at the Department of Health and Mental Hygiene located in the State Office Complex at 201 West Preston Street in Baltimore City. The Advisory Workgroup will discuss medication administration issues.
- ✚ Definition of Family Sub-Workgroup will meet on Wednesday, August 27, 2003, at 11:30 AM in Lobby-Level Conference Room L3 at the Department of Health and Mental Hygiene located in the State Office Complex at 201 West Preston Street in Baltimore City. The sub-workgroup will review consensus statements and discuss basic health safety requirements for adult care homes.
- ✚ Assisted Living Advisory Workgroup September meeting dates: Thursday, September 11, 2003, from 1:00 PM to 3:00 PM and Wednesday, September 17, 2003, from 9:00 AM to 12:00 noon. Both meetings will be held in the Auditorium of the Maryland Psychiatric Research Center located on the corner of Maple and Locust Streets on the campus of Spring Grove Hospital Center in Catonsville, Maryland.

There being no further business before the Assisted Living Advisory Workgroup or its sub-workgroups, the meeting was adjourned at approximately 12:30 PM.

Meeting Notes Prepared by: Kimberly Mayer

Meeting Materials

2003 Assisted Living Advisory Workgroup Progress Report



2003 Assisted Living Advisory Workgroup Progress Report

Large Providers

Consensus Statement: Maryland needs to increase oversight of and accountability through strengthening the regulatory structure for “large” providers.

Definition of a “Large” Provider

The term Class “A” Provider should replace the term “large” provider. A Class “A” Provider is defined as an assisted living program that operates an assisted living facility, or multiple assisted living facilities, with a total number of beds equal to or greater than 17 beds.

Program Requirements

Program requirements for Class “A” Providers would include:

- ✓ Full Licensure
- ✓ Annual Inspection Surveys
- ✓ Complaint Investigations

Consensus Statement: Maryland should require awake overnight staff in programs operated by Class “A” Providers. There are demonstrated unique dynamics that exist when aggregating elderly individuals, regardless of their level of care.

Consensus Statement: Maryland does not need to strengthen or increase documentation and service plan requirements for Class “A” Providers. The current regulations provide sufficient guidance to providers and protection for residents.

Consensus Statement: Maryland should require that there be some type of stable, consistent, on-site licensed nursing oversight that is different from the role of the delegating nurse.

The on-site licensed nurse would work in a team relationship with the delegating nurse. The

following staffing requirements should be required for Class “A” Providers:

- 17 to 25 Beds – An on-site licensed nurse is required for at least 20-hours a week and should be available on an on-call basis;
- 26 to 49 Beds – An on-site licensed nurse is required for at least 40-hours a week and should be available on an on-call basis;
- 50 to 100+ Beds – An on-site licensed nurse is required seven days a week, for at least eight hours a day and should be available on an on-call basis;

Certification or Licensure of Program Manager

Consensus Statement: Maryland needs to require that Assisted Living Program Managers of Class “A” Providers be certified by an appropriately represented licensing board.

Establish a Regulatory Board

The Board of Examiners of Nursing Home Administrators should be reinvented to better serve different segments within the long term care industry. The composition of the board needs to be expanded and a new mission defined, i.e., a Board of Examiners of Long Term Care Administrators. This would certify and discipline assisted living program managers in Maryland.

The re-created regulatory board, with appropriate representation, would have the statutory authority to develop, control and enforce examination, education, and practice standards for assisted living program managers; as well as, nursing home administrators and adult day care program managers. It would certify, monitor and discipline assisted living program managers and have the ability to remove certification from those program

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managers who are determined to be bad actors by the board. The board would also develop curriculum requirements and approve organizations to provide assisted living program manager training.

Minimum Requirements for Program Managers

It was also the consensus of the group that an assisted living program should be at least 21 years of age and possess at a minimum a high school diploma.

Special Care Units

Consensus Statement: Maryland needs to require programs that hold themselves out as having Special Care Units notify and submit for approval to the Department of Health and Mental Hygiene a plan that include, at a minimum, the following information: description and scope of services to be provided; how the services will be provided; security considerations; training requirements; activities/recreation; safety precautions; staffing; and medication administration.

Programs that have Special Care Units would need to file their unit plans with the Department prior to the implementation of a new program and a grandfathering period would be established for existing programs.

Small Providers

Consensus Statement: Maryland needs to provide flexibility for those individuals who provide quality care to one to three individuals in a family living environment.

It is important to remember that this is a very small segment of the small provider community and is strictly limited to those individuals who care for one to three individuals in the caregiver's primary residence. Moreover, these providers can not employ caregivers on an on-going basis.

In addition, it was noted that payors – such as the Medicaid or Project Home - can place additional

requirements on facilities that participate in their programs.

Definition of a “Family Living Environment”

It was the consensus of the sub-workgroup that a “family living environment” would be defined as an Adult Care Home (ACH) that is a registered home where one to three persons who are dependent, elderly and/or have disabilities, live and receive care and services from a care provider who is not related to them by blood, adoption, or marriage. Persons who live in ACHs and receive care and services are called residents. *The primary caregiver for the residents also resides at the home and is generally the head of the household.* The ACH may receive a government subsidy to care for the resident, if the resident qualifies for the program, or may charge the resident for room and board and minimal services.

Program Requirements

Program requirements for ACH would include:

- ✓ Home registered with the Department
- ✓ Limited to one to three residents
- ✓ Random Inspection Surveys
- ✓ Complaint Investigations
- ✓ Minimal standards to ensure safety
- ✓ State has enforcement authority if quality of care the resident receives is sub-standard by issuing sanctions, fines and penalties through the administration process, as well as, utilizing the criminal process.

Assessment Tool

Consensus Statement: Maryland needs to evaluate the Assessment Tool.

Level of Care Three

Consensus Statement: Maryland needs to increase oversight of and accountability for any provider caring for Level of Three residents regardless of the size of the facility.